

APPENDICES

APPENDIX 1: QUESTIONS AND ANSWERS TO AVERT NONRESPONSE

Q1. I'm too busy.

- a. We can reschedule the interview for a time that's more convenient for you.
- b. Let's start the interview now and see how far we can get.

Q2. What's the purpose of this call?

- a. [If an advance letter has been sent] I'm [NAME] from [FIRM NAME]. This is about the letter you should have received in the past few days.
- b. We're conducting research for [AGENCY NAME].
- c. This is not market research, we are not selling anything, and I'm not soliciting money.
- d. [If necessary, give the respondent the name and number of someone they can call to verify your name and affiliation.]

Q3. How long will this take?

- a. On the average, the interview takes about [AVERAGE LENGTH] minutes.

Q4. How did you get my name/number?

- a. Your household was selected as part of a scientific sample of [AREA NAME].

Q5. What's the purpose of this study?

- a. We are gathering data on transportation. This information is important to area transportation planners.
- b. The study is sponsored by [AGENCY NAME].
- c. The information from the study will be used by local governments to make plans for new roads, improve commuter services, and for other planning purposes.

Q6. How can I be assured of confidentiality?

- a. Before processing the information, we remove any connection between your name or that of your family from the questionnaire.
- b. The data are for statistical purposes only. That's why it's not necessary to connect your name with the information you provide.
- c. All people working on the study are required to sign forms pledging to keep the data confidential. They will be fired if they violate this pledge.

Q7. I don't do surveys.

- a. This is not market research. It is a study sponsored by [AGENCY NAME], which is responsible for transportation planning in this area.
- b. Your name will not be sold to any mailing lists.

Q8. Can't someone else do it? There are plenty of other people with more time.

- a. You were chosen through a scientific sampling procedure. You cannot be replaced.
- b. We can't replace you with anyone else. We need your personal knowledge.
- c. You represent many other people. It is important that you be included in the survey.

Q9. I'm not representative of other people.

- a. Exactly, and other people cannot speak for you. That's why you are invaluable to our study.

Q10. Why is [AGENCY NAME] interested in this?

- a. They are responsible for transportation planning in this region of the country.

Q11. Who's paying for this?

- a. This study is being funded by [AGENCY NAME].

Q12. Do I have to do the interview?

- a. Your participation is completely voluntary. If you prefer not to answer certain questions, all you have to do is say so. But we appreciate any help you can give us since it is such an important study.

Q13. I don't want to be part of your data bank

- a. I want to assure you that everything you say is completely confidential. When the data are put into the computer, your name is not included. The information is only for statistical purposes. No individuals or families are identified.

Q14. How can I be sure you won't give my name to someone else?

- a. Our contract to carry out this study expressly forbids us from releasing the names of the people who take part in the study. All employees at [FIRM NAME] sign a pledge to keep the names of respondents confidential.

APPENDIX 2: EXAMPLES OF GOOD AND BAD QUESTIONNAIRE DESIGN

	PERSON 1		PERSON 2	
	Last name		Last name	
	First name	Middle initial	First name	Middle initial
<p>Please fill one column → for each person listed in Question 1a on page 1.</p> <p>2. How is this person related to PERSON 1?</p> <p>Fill ONE circle for each person.</p> <p>If Other relative of person in column 1, fill circle and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.</p>	<p>START in this column with the household member (or one of the members) in whose name the home is owned, being bought, or rented.</p> <p>If there is no such person, start in this column with any adult household member.</p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>		<p>If a RELATIVE of Person 1:</p> <p><input type="checkbox"/> Husband/wife <input type="checkbox"/> Brother/sister</p> <p><input type="checkbox"/> Natural-born or adopted son/daughter <input type="checkbox"/> Father/mother</p> <p><input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Other relative →</p> <p>If NOT RELATED to Person 1:</p> <p><input type="checkbox"/> Roomer, boarder, or foster child <input type="checkbox"/> Unmarried partner</p> <p><input type="checkbox"/> Housemate, roommate <input checked="" type="checkbox"/> <input type="checkbox"/> Other nonrelative</p>	
3. Sex Fill ONE circle for each person.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>4. Race</p> <p>Fill ONE circle for the race that the person considers himself/herself to be.</p> <p>If Indian (Amer.), print the name of the enrolled or principal tribe. →</p> <p>If Other Asian or Pacific Islander (API), print one group, for example: Hmong, Fijian, Laotian, Thai, Tongan, Pakistani, Cambodian, and so on. →</p> <p>If Other race, print race. →</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or Negro</p> <p><input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) →</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleut Asian or Pacific Islander (API)</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Filipino <input checked="" type="checkbox"/> <input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other API →</p> <p><input type="checkbox"/> Other race (Print race) →</p>		<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or Negro</p> <p><input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe.) →</p> <p><input type="checkbox"/> Eskimo</p> <p><input type="checkbox"/> Aleut Asian or Pacific Islander (API)</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Filipino <input checked="" type="checkbox"/> <input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Korean <input type="checkbox"/> Guamanian</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other API →</p> <p><input type="checkbox"/> Other race (Print race) →</p>	
<p>5. Age and year of birth</p> <p>a. Print each person's age at last birthday. Fill in the matching circle below each box.</p> <p>b. Print each person's year of birth and fill the matching circle below each box.</p>	<p>a. Age</p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>b. 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Year of birth</p> <p>1 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>9 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/></p> <p>9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/></p>	
<p>6. Marital status</p> <p>Fill ONE circle for each person.</p>	<p><input type="checkbox"/> Now married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Divorced</p>		<p><input type="checkbox"/> Now married <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Divorced</p>	
<p>7. Is this person of Spanish/Hispanic origin?</p> <p>Fill ONE circle for each person.</p>	<p><input type="checkbox"/> No (not Spanish/Hispanic)</p> <p><input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic</p>		<p><input type="checkbox"/> No (not Spanish/Hispanic)</p> <p><input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic</p>	

Example of poor information organization—a trial version of the U.S. Decennial Census questionnaire using a matrix format.

	PERSON 1	PERSON 2
1. Please fill one column for each person listed in Question 1 on page 3. Begin with the household member (or one of the members) in whose name the home is owned, being bought, or rented.	Last name First name Middle initial	Last name First name Middle initial
2. What is this person's sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. What is this person's marital status? Mark (X) ONE box for each person.	<input type="checkbox"/> Now married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> Divorced	<input type="checkbox"/> Now married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> Divorced
4. How is this person related to person 1? Mark (X) ONE box for each person. If Other relative of person in column 1, mark (X) and print exact relationship, such as mother-in-law, grandparent, son-in-law, niece, cousin, and so on.	This information is not needed for Person 1.	If a RELATIVE of Person 1: <input type="checkbox"/> Husband/wife <input type="checkbox"/> Natural-born or adopted son/daughter <input type="checkbox"/> Stepson/stepdaughter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Father/mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Other relative <input type="text"/> If NOT RELATED to Person 1: <input type="checkbox"/> Roomer, boarder, or foster child <input type="checkbox"/> Housemate, roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative
5. What is this person's age and year of birth? a. Print each person's age at last birthday. b. Print each person's year of birth.	Age <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Is this person of Spanish/Hispanic origin? Mark (X) the "No" box if not Spanish/Hispanic. If Yes, other Spanish/Hispanic, print one group.	<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) <input type="text"/>	<input type="checkbox"/> No (not Spanish/Hispanic) <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic (Print one group, for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.) <input type="text"/>
7. What is this person's race? Mark (X) ONE box for the race that the person considers himself/herself to be. If Indian (Amer.), print the name of the enrolled or principal tribe.	<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe) <input type="text"/> <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut	<input type="checkbox"/> White <input type="checkbox"/> Black or Negro <input type="checkbox"/> Indian (Amer.) (Print the name of the enrolled or principal tribe) <input type="text"/> <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut

A revision of the same questionnaire that retains the matrix organization but offers improved navigational aids. The white answer spaces stand out against the shaded background (blue in the original); in addition, the arrows at the top of each column and the white borders between the columns guide the respondent through the questions in the intended order.

